

Case Number:	CM15-0001666		
Date Assigned:	01/07/2015	Date of Injury:	09/14/2013
Decision Date:	07/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year-old male who sustained an industrial injury on 09/14/13. His diagnoses include lumbago status post lumbar discectomy, depression, insomnia, radicular syndrome, and anxiety. The injured worker has a history of heroin and opioid abuse which stems from his chronic pain. Treatments include outpatient rehabilitation drug therapy. In a progress noted dated 12/03/14 the treating provider reports the injured worker has increased anxiety about trying to wean off of outpatient drug therapy. He is depressed and anxious. He reports reduced pain in his lower back and lower extremities since the recent surgery. Examination of the back showed a well-healed scar; there was minimal tenderness to palpation of the lumbar spine, and range of motion was 70 percent of normal. Blood pressure is elevated. The provider reports opioids will no longer be prescribed while the injured worker is receiving outpatient drug therapy. Treatment recommendations include inpatient rehabilitation for 45 days for pain management and drug detoxification program. Date of Utilization Review: 12/11/14

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Inpatient Rehab for 45 Days for Pain Management and Drug Detox Program (Chronic Pain Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inpatient programs Page(s): 32.

Decision rationale: According to the guidelines, Inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. In this case, the claimant is in a outpatient Methadone program and has 70% pain relief. He is receiving cognitive therapy and there is no mention of withdrawal or incapacity to require inpatient detoxification for 45 days. As a result, the request above is not medically necessary.